Planning and Zoning Division 44 E. Downer Place, Aurora, IL 60507-2067 phone (630)256-3080 fax (630)-256-3081 email COAPlanning@aurora-il.org

## Land Use Petition

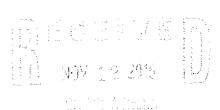
**Subject Property Information** 

Address/Location: 1386 Butterfield Road

Parcel Number(s): 12-36-354-003

(attach separate sheet if necessary) Petition Request(s)

Requesting approval of a Plat of Easement on Lot 9 of Savannah Crossing Subdivision.



Project Number: 2015.214

**Attachments Required** 

(hard copies and CD of digital files are required)

One Copy of: Project Contact Info Sheet (1-5) Letter of Authorization\* (2-2) Paper Copy of Plat of Dedication (2-13) Executed Mylar Copy of Plat of Dedication (2-

Recording Fee (made out to approprate County) in the amount of: \$90.00

**Petition Fee** 

(Payable to "The City of Aurora")

Total Fee =

\$200.00 (Planning and Zoning Fee

\$200.00 + Engineering Filing Fee

\$0.00

Executive Vice President

)

I hereby affirm that I have full legal capacity to authorize the filing of this Petition and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The Authorized Signatory invites City representatives to make all reasonable inspections and investigations of the subject property during the period of processing this Petition. The Subject Property Owner must sign this form unless the Contact Person has been authorized to do so per a letter that is attached hereto. If Signator is NOT the Subject Property Owner a Letter of Aurhorization with owner's Name and contact information is required. 

| Many & Stark  Notary Signature   | MARY Notary Publ      | IAL SEAL'' JO STOCK ic, State of Illinois 1 Expires July 24, 2019 |                |  |
|--|-----------------------|---|----------------|--|
| State of /km/015 ) SS  County of Dupa6-C )   | NOTAN                 | T POBLIO SEAL   |                |  |
| Given under my hand and notary seal this _   |                       | <i>EMBER, 2015</i><br>Y PUBLIC SEAL                               |                |  |
| I, the undersigned, a Notary Public in and for personally known to me to be the same persoaled and delivered the above petition as a | son whose name is sub | scribed to the foregoing  | g instrument a | the authorized signer is               |
| Print Name and Company:  | REAL COMME            | CORPORATION   | By:            | D. Scott Carr Executive Vice President |
| Authorized Signature:  |                       |   | 11.9.1         | <u> 7</u>                              |



## City of Aurora

Email Address:\_\_\_\_

Planning and Zoning Division 44 E. Downer Place, Aurora, IL 60507-2067 phone (630)256-3080 fax (630)-256-3081 email COAplanning@aurora-il.org

| Project Contact Infe              | ormation S      | Sheet      |                  | DEGETVE           |
|-----------------------------------|-----------------|------------|------------------|-------------------|
| Owner:                            |                 |            |                  | NOV 12 2015       |
| Title: First Name: Amanda         | Initia          | l: Last N  | ame: Simon       | CITY OF AHRODA    |
| Email Address: simon@inlandreales | state.com       |            | Fax No.:         | PLANNING DIVISION |
| Additional Contact #1:            |                 |            |                  |                   |
| Relationship to Project: Attorne  | y Architect 🗹 E | ngineer La | andscape Archite | ect Other         |
| Company Name: Mackie Consultan    | its LLC         |            |                  |                   |
| Title: First Name: Kevin          | Initia          | : Last N   | ame: Hejtmanel   | k                 |
| Job Title:                        |                 |            |                  |                   |
| Address. 9575 W Higgins Road      |                 |            |                  |                   |
| City: Rosemont                    |                 |            |                  | Zip: 60018        |
| Phone No.: 847-696-1400           |                 |            |                  |                   |
| Email Address: khejtmanek@mackie  | econsult.com    |            |                  |                   |
| Additional Contact #2:            |                 |            |                  |                   |
|                                   |                 |            |                  |                   |
| Relationship to Project: Attorne  |                 |            |                  |                   |
| Company Name:                     |                 |            |                  |                   |
| Title: First Name:                |                 |            |                  |                   |
| Job Title:                        |                 |            |                  |                   |
| Address:                          |                 |            |                  |                   |
| City:                             |                 | St         | tate:            | Zip:              |
| Phone No.:                        | Mobile No.:     |            | Fax No           | ).:               |
| Email Address:                    |                 |            |                  |                   |
| Additional Contact #3:            |                 |            |                  |                   |
| Relationship to Project: Attorne  | y Architect E   | ngineer La | andscape Archite | ect Other         |
| Company Name:                     |                 | ×          |                  |                   |
| Title: First Name:                | Initial         | : Last N   | ame:             |                   |
| Job Title:                        |                 |            |                  |                   |
| Address:                          |                 |            |                  |                   |
| City:                             |                 |            |                  |                   |
| Phone No :                        |                 |            |                  |                   |